CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

☐ Candidate

Election Year: _

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink. 2009	A Public Document	SACT NEWS
MME (LAST) (FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Brown Valer	ie Kent	
MAILING ADDRESS STREET CITY	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(Business Address Acceptable)	217 0002	OF HORAL, E-MAIL ADDRESS
1. Office, Agency, or Court	4. Schedule Summar	y
Name of Office, Agency, or Court:	► Total number of pages	5
Books of Surevis	including this cover page	e:
Division Board, District, if applicable:	► Check applicable schedu	les or "No reportable
First District	interests."	les of No reportable
Your Position:	- I have disclosed interests	on one or more of the
	attached schedules:	
	Schedule A-1 Yes - s	schedule attached
► If filing for multiple positions, list additional agency(ies)	Investments (Less than 10% Own	ership)
position(s): (Attach a separate sheet if necessary.)	Schedule A-2 Yes - s	schedule attached
Agency: Sonoma-Marin S Area Pail Transit	Investments (10% or Greater Own	1983 1895 PARE PARE A CONTROL OF THE TOTAL CONTROL OF THE TAXABLE PARE A CONTROL OF TAXABLE
Avea Kail Transit	Schedule B Vyes - s	chedule attached
Position: Divector	Real Property	chedule attached
	Schedule C	chedule attached
2. Jurisdiction of Office (Check at least one bo		
	and Travel Payments)	55 W. T.
State	Schedule D Yes - s	chedule attached
County of Sonoma	Income - Gifts	프 플링크
City of	— Schedule E ▼Yes - s	chedule attached 52
☐ Multi-County		ents $\frac{3}{2}$ $\frac{5}{6}$
Other	-or-	. ≆
		~ = 0
3. Type of Statement (Check at least one box)	No reportable interests	on any schedule
3. Type of Statement (Check at least one box)		
Assuming Office/Initial Date:/	5. Verification	
Annual: The period covered is January 1, 2009,	3. Vernication	
through December 31, 2009.		diligence in preparing this
-or-		his statement and to the best on contained herein and in any
O The period covered is, through	attached schedules is true an	
December 31, 2009.	Logetificandor popular of	mounder the laws of the Coats
Leaving Office Date Left:/(Check one)	of California that the forego	iry under the laws of the State ing is true and correct.
O The period covered is January 1, 2009, through the	Date Signed 3/, 6	1, ,
date of leaving office.	Date gried	
-or-	The state of the s	month, day, (Nar)
O The period covered is/ through the date of leaving office.	Signa	SBO in an american

SCHEDULE B

FAIR POLITICAL PRACTICES COMMISSION Jalevie K. Brown

CALIFORNIA FORM 700

Interests in Real Property (Including Rental Income)

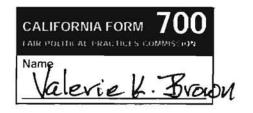
You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows: NAME OF LENDER*	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 · \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 J
OMMONIC:	of business on terms available to members of the publiand loans received not in a lender's regular course of NAME OF LENDER NAME OF LENDER' ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) 15 Years HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 \cdot \$1,000

SCHEDULE D Income - Gifts



The state of the s	Company and the company of the compa
NAME OF SOURCE The Sasaki ADDRESS (Business Address Acceptable)	Sonoma lapt Club ADDRESS (Business Address Acceptable) 1770 Armal Dails
BUSINESS ACTIVITY, IF ANY, OF SOURCE FALM BUYEAU Crab Fred DATE (IMM/dd/yy) VALUE DESCRIPTION OF GIFT(S)	BUSINESS ACTIVITY, IF ANY, OF SOURCE OATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2,7,09,90.00 ticket to crab feed	10,2609-,240,004 fickets to
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 2050 9540	BUSINESS ACTIVITY, IF ANY, OF SOURCE
T, 2009, 420.00 Fair passes	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
stuncheons	
NAME OF SOURCE	NAME OF SOURCE \$
ADDRESS (Business Address Acceptable) +www 3+@[2], Sonoma	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVED IF ANY, OF SOURCE CA 9547	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIA(S) 6,21,09,250.00 2 NASCAE	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
Pace ticket	
. .	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

20 (41 1994	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1100 K Street, Ste 101	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ANDCACY FOR Courties	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1/1/09/12/31/09/MT: \$ 1,436.99	DATE(S):/
TYPE OF PAYMENT: (must check one) 🔲 Gift 📈 Income	TYPE OF PAYMENT: (must check one) Gift Income
Ledaina for Volunteer Service	DESCRIPTION:
as a member of the	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
(If applicable)	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	

Attachment to California Form 700 Statement of Economic Interests 2009/2010 Cover Page – Continued

Sonoma County Transportation Authority - Director

Regional Climate Protection Authority - Director

Bay Conservation and Development Commission - Commissioner

Sonoma County Indian Gaming Local Community Benefit Committee - Member